WALNE
ON
REMOVAL OF
DROPSICAL OVARIA

0426

EPB/B
54458/B

RADFORD LIBRARY,

Saint Mary's Hospital, Manchester.

No 135 D- See 18

This Book to be returned in_____ days.

Fine for overtime_____ per day.

Note.—No book can be renewed if wanted by another reader, nor unless brought to the Library for that purpose.

It is requested that the leaves of books may not be turned down,—that no person will write in them,—and that the greatest possible care may be taken of them.

EXTRACTS FROM THE RULES.

That each Medical Officer shall be allowed not more than two works out of the Library at one time, and not more than two volumes of each work.

That Registered Medical Students shall be allowed to take out books every Tuesday and Saturday, from eleven till one, or at such hours as may be ordered from time to time by the Board.

That each Registered Medical Student shall be allowed to have not more than one book out of the Library at the same time, unless the work consist of two or more volumes, and in no case more than two volumes.

J. XII. 2
19

54800



CASES

OF

DROPSICAL OVARIA

REMOVED

BY THE LARGE ABDOMINAL SECTION.

BY

D. HENRY WALNE,

SURGEON.

LONDON:

LONGMAN, BROWN, GREEN, AND LONGMANS,

PATERNOSTER ROW.

1843.

WELLCOME
HISTORICAL
MEDICAL
LIBRARY

Wilson & Ogilvy, 57, Skinner Street, London.

ST MARY'S HOSPITAL
RADFORD LIBRARY
MANCHESTER.

PREFACE.

THE two first of the following cases, somewhat abridged in their details, appeared several months ago in one of the medical periodicals, and the third has been just brought before the profession through the same channel. It was my intention to postpone their republication until they could appear as part of a treatise which I have for some time past been preparing for the press; wherein I purpose entering fully into the subject of Dropsical Ovarium, especially its surgical treatment, to which my attention was particularly called several years since; adding, perhaps, some observations of a practical character on other diseases of the ovary; but the unceasing interruptions of active practice have hitherto prevented my bestowing all the time, which justice

to the subject, and the valuable materials in my possession, require. Meanwhile these cases, even in their scattered state, have attracted a great share of attention, and have contributed to draw fresh notice to the subject itself, on the part of many members of the profession ; some of the most eminent of whom have been forward in expressing the strong interest excited in their minds by the perusal of the first and second cases (the third not being then in print), and have repeatedly urged on me the immediate publication of them collectedly.

I have been induced to comply the more readily with this suggestion, although a deviation from my original plan, on two accounts : one, that it enables me, without further delay, to give the detailed particulars more fully than I could in the first instance, unless I had trespassed too much on the pages of the journalist : the other and more weighty reason, that, forming, as these cases now do, a fresh body of evidence of the practicability of a very important surgical operation, and serving, as they may, to assist in pointing out what are the circumstances which chiefly influence its success, they will probably prove more really valuable to the cause of humanity at the

present period than at any future time; since, from the nature of the structures involved in the operation, it is to be feared that inconsiderate and unguarded attempts on the part of inexperienced practitioners may be productive of mischievous results.

The observations of a practical kind, with which the cases are interspersed, have been allowed to remain for the most part in the same position in the narratives which they occupied originally. Standing thus in apposition to the particular circumstances which gave rise to or which illustrate them, they are more likely to strike the mind of the reading practitioner; whilst, by being so placed, they relieve, perhaps, in some degree the sameness of a succession of reported details, necessary, indeed, in illustration of the practical points of the subject, but apt to weary attention by their unbroken length. I have added but little to them, it not being my present purpose to anticipate unnecessarily the fuller expression of my opinions which the forthcoming work will contain.

I should be doing injustice to my feelings were I to allow the present opportunity to pass without

acknowledging my great obligations to those gentlemen who have so kindly and ably afforded me counsel and assistance in the performance of these responsible operations; for which I beg them individually to accept my most cordial thanks.

Guilford Street, Russell Square,
London, Oct. 14th, 1843.

ST. MARY'S HOSPITAL
RADFORD LIBRARY
MANCHESTER.

REMOVAL

OF

DROPSICAL OVARIA.

"In the operations of surgery, there are a number of little circumstances, several of which seem at first view to be of no great consequence; but, when their observation or neglect comes to be attended to in practice, they are found to contribute considerably to a speedy or tedious cure, to bring on or prevent bad symptoms, to keep the patient easy, and preserve him, or to put him to pain, and bring him into danger; and therefore their good or bad effects ought to be duly considered, and the proper cautions concerning them ought to be given by those who write for the public upon such subjects."—*Remarks on the Amputations of the larger Extremities.* By Alex. Monro (the first).

It is now about twenty years since that able physiologist and discriminating physician, Dr. James Blundell, in calling the attention of surgeons to a series of facts and experiments calculated to illustrate its truth, made this observation:—"Of all the branches of surgery, there is none, I conceive, which in this country admits of greater improvement than the surgery of the abdomen;" and in prosecuting his comprehensive view of the subject, among other suggestions, foreign to my present purpose, he advanced the opinion that "extirpation of the ovarian

cyst in scirrhus combined with dropsy, or in simple dropsy," would, as an operation, " ultimately come into general use." He was enabled, indeed, to refer to two cases only in which an operation had been performed, coming so immediately under his notice as to justify citation, one of which was successful, and one otherwise.

Of these two cases, one certainly, that of Dr. Nathan Smith, was treated by what may now be best distinguished by the term minor operation*; the incision into the abdomen, as we learn from another source, being of three inches extent only, and reduction of the bulk of the tumor having been effected by tapping the cyst, and withdrawing eight pints of fluid before extraction of the sac itself. It is worthy of remark that adhesion of the cyst to the omentum existed in this instance, and was divided by the knife, yet the patient recovered.

It does not appear quite clearly, by Dr. Blundell's short account of the other case (given with other

* To readers who have only slightly or never before given any attention to this subject, it may be desirable to remark that two forms of operation have been proposed for the cure of ovarian encysted dropsical disease, chiefly distinguished by the circumstance of the one being practised by a small, the other by a free large incision into the abdomen. Hence the terms minor and major operation, which are found convenient in speaking of them. In the one the bulk of the disease must be reduced before extraction; in the other it is, if possible, removed entire.

objects than its description), what exact steps constituted the operation; but I infer that a more extensive incision was practised, from the circumstance of the sac being "drawn forth before it was cut into:" yet it could not have been performed by the full-sized abdominal section, to which the name of major operation justly applies *.

Not long after the publication of Dr. Blundell's Physiological Researches, which were the substance of papers read to the Medico-Chirurgical Society several years previously, some accounts fell into the hands of Mr. Lizars, of Edinburgh, of so surprising a character, and at the same time so very imperfect, that they did not gain immediate or general credence; but which have since been admitted to be unquestionably true. By these it was shewn that Dr. M'Dowal, of Danville in Kentucky, had, as early as 1809, successfully performed one operation for extirpation of a diseased ovary, practising an extensive incision into the abdomen; and between that period and May 1816, two other nearly similar operations. Mr. Lizars not only published these accounts, but having himself made a succession of trials of a bold and enterprising character, directed to the same great object which had occupied the mind of Dr. Blundell

* Since writing the above remark, Dr. Blundell has informed me that the section was of the extent of three inches and a half. "The ovary was first tapped, then drawn out, and in the third place cut into, and away."

and the adventurous spirit of Dr. M'Dowal and Dr. Nathan Smith—viz. the cure of an otherwise hopeless disease—had the manly candour, and moral courage equalling his surgical intrepedity, to give to the professional world a full narrative of his unsuccessful attempts; coupled, however, with one triumphant case of the major operation, in which, through an opening of twelve inches into the abdominal cavity, he had succeeded in removing a large diseased ovarium, complicated with ascites to the extent of a gallon and a half of serous fluid. His patient so completely recovered, that she paid a visit to London by the invitation of Dr. Blundell, and the most incredulous were convinced of the practicability, at least, of this form of operation. Still, however, an extraordinary apathy on the subject continued to affect the profession generally in Great Britain; and I was not aware, until after the publication of my first case*, that the operation had ever, till within a few months, been repeated by a British surgeon. I had reason to believe that it never had been performed at all in England before Dr. Charles Clay, of Manchester, on the 12th of September, 1842, achieved his first case; nor in London, until, on November the 6th of the same year, I operated in the first of the cases about to be recorded. It has been since shewn that Dr. Granville had operated unsuccessfully in 1827; and that he had attempted a similar operation in the previous year, but, on

* In December 1842.

finding extensive adhesions, desisted by the advice of those about him. As no professional account of the completed operation was ever published, and only a brief notice of the other appeared in a medical journal of the period, the circumstances had escaped my researches. The minor operation had, indeed, been performed in different parts of the country by several gentlemen, with various success, but is clearly shewn to be inapplicable to a large proportion of the examples of the disease which come under treatment.

FIRST CASE.

In the early part of July, 1842, a case of ovarian disease presented itself, which I thought might be treated by operation with a reasonable prospect of success, as it held out the probability of freedom from adhesion, and did not appear to be of a very solid character. With this view I referred my patient to Dr. Blundell in the beginning of August, having previously had occasion to prescribe for some slight indisposition. Dr. B., on careful investigation, confirmed my opinion, both as to the nature of the case and its fitness for operation; but having, in the course of his examination, discovered two small polypi just within the os uteri, he thought it advisable to have those removed in the first instance, not on account of their size, which was less than a cherry, nor of any present inconvenience, for they occasioned none, but in order that no avoidable risk of uterine irrita-

tion, from however trivial a cause, should be suffered to increase the hazard of the contemplated operation. On the 13th of August, therefore, and two or three times subsequently, I subjected them to the process of torsion, by which, if not absolutely destroyed, they were reduced to complete insignificance. A further accidental disturbance of her general health, and the period required for her comfortable restoration by a visit to the country, occasioned the postponement of my purpose in reference to the ovarian disease; so that by the time at which I had proposed to operate, Dr. C. Clay's first case was published; and this served to decide my choice of operation. I determined to extirpate the diseased ovarium by the large abdominal section, and found a ready approval of my purpose on the part of Dr. Blundell. Accordingly I arranged for the performance of the operation on the 6th of November, but had the still farther satisfaction of seeing Dr. Clay's second successful case in print on the 5th, and of receiving the same day an obliging answer to two or three inquiries as to minor details of the operation, which, though a stranger to him, I had not hesitated to make.

My reasons for preferring to operate by the larger section were these: that it does not appear that a less extent of wound diminishes the danger of the operation in any material degree, if at all; and that the complications which occasionally present without being foreseen, and which, indeed, do not admit of being foreseen in every instance, can be better appre-

ciated, and more suitably dealt with by the surgeon, through a free opening than through a small one.

For example :—the effusion of blood, or the escape of fluid from the cyst into the peritoneum, either of which is a most dangerous complication of the difficulties inseparable from any method of operating, can with no certainty be avoided in the minor, but may assuredly be remedied if they should occur in the major operation. Adhesions too can be divided, the parts can be cleansed, and arteries tied with facility, if necessary, and the operator's mind freed from doubt as to the state of the internal parts, before he carefully closes the wound. These are circumstances which the experienced operator can appreciate; and if he should not be blinded by an undue apprehension of peritoneal inflammation, he will be sure to estimate highly such palpable advantages.

To proceed with the case :—

Mrs. F——, of —— Street, Marylebone, æt. 58, applied to me about the beginning of July with abdominal enlargement, equalling that of pregnancy at the full period. The catamenia had ceased four years. She used to be subject to floodings. Had given birth to five living children, and miscarried several times. A rounded prominence of the abdomen, of a circumscribed character, with fluctuation,

and moveable as a whole, was found on examination; whilst the health was good, and there was no sign of general dropsy. She had observed her gradual increase of size for more than two years, and, as she could not account for it, had lately felt uneasy on the subject, since it was a great incumbrance, and made her unpleasantly remarkable, although attended by no actual pain. From scrob. cordis to pubes was $17\frac{1}{2}$ inches; her circumference was $37\frac{1}{2}$ inches. I pronounced her case, on investigation, one of ovarian disease, and after a few interviews, referred her, as stated above, for confirmation of my opinion to Dr. Blundell. Having obtained this, I began to hint at the means of cure, and having gradually gained her confidence more and more, and as gradually intimated my purpose; not concealing from her or her family the risk attending the measure; after the causes of postponement before alluded to had been removed, fixed the day of operation, with her ready and full concurrence, and enlisted my friendly coadjutors for the occasion. A few hours before the time appointed, I went over the steps of the operation with a part of these friends; to one of whom was assigned the charge of the tumour, exclusive of all other engagements; to another, that of covering the exposed internal parts by the divided skin, the moment opportunity should offer. The temperature of the room was to be raised rather above 70° Fahr.; and means were adopted to secure it from change in this respect as much as possible.

A mild dose of aperient medicine was given over night, consisting of—

Ext. Colocynth. C. gr. vj.; Ext. Hyosc. gr. v. in pil. iij. div.

which not having acted, an enema, administered half an hour before the time named, gave the required relief by effectually clearing the bowels.

Nov. 6, 1842.—My colleagues were punctual,—Dr. Blundell, Mr. J. Painter Vincent, Mr. Lionel J. Beale, Mr. Charles Law, and Dr. Freund, of Vienna, a gentleman who, having already witnessed some operations of mine of an important though less novel character, had expressed a wish to be present at any calculated to illustrate the state of surgery in England. Between three and four o'clock P.M., the patient was placed upon a couch, with her feet upon the ground at its end, and her back supported by pillows; and some little preliminary examination having been made, I and my more fixed assistants took our posts; myself seated on her right, one of the gentlemen on her left to sustain and regulate the movements of the tumour, another on her right in charge of the integuments. For the purpose of ascertaining most satisfactorily the presence, nature, and condition of the disease; and to convince all engaged in it of the propriety of the operation; I commenced with an exploratory incision of the integuments and tendinous expansion, and then of the peritoneum, to the extent of an inch and a half. A finger was passed on each side into the peritoneal

cavity, and the fluctuating cyst distinguished quite clearly. No fluid escaped. I now proceeded with a scalpel to enlarge the incision of the integuments from above downwards, in the line of the linea alba, extending it, inclusive of the one already made, to the length of thirteen inches, or a little more. Then inserting two fingers of my left hand within the small opening of the peritoneum, by their guidance, with a probe-pointed curved bistoury I divided that membrane first upwards and then downwards to the same extent, being from about three inches below the scrobiculus cordis to within one and a half of the pubes. This accomplished, the wound began to expand on each side, and the tumour to advance gently, but more briskly when its greatest bulge had passed through the wound: demonstrating the propriety of some one being appointed for its management, and giving the most satisfactory evidence of its being mainly free from unnatural attachment. It had not been ascertained with certainty which ovary was affected, but the right was suspected, and so it proved*. I now passed two fingers behind the

* As far as the operation is concerned, it is quite immaterial which of the two ovaries is the seat of the disease, both being equally accessible from a free opening in the median line of the abdomen. In point of diagnosis, a long pedicle may baffle the accuracy of the most experienced, who, indeed, are generally more diffident in the expression of their judgment than those superficially acquainted with a subject. This is one to which I have directed much attention, and in relation to which some curious facts are in my possession.

broad ligament, and Mr. Law sustained the tumour, which might otherwise have fallen forwards. With a needle, fixed in a handle and having its eye near the point, guided by the two fingers, I passed a double ligature behind the pedicle, and thrusting the needle through the middle of that part, brought its point forward. The ligature was divided, and disentangled from the needle, which was then withdrawn. The tails of the ligature being adjusted for tying the two halves of the pedicle separately, I now tied one of them, but in doing so the silk broke. The remaining one was used for introducing a second double ligature, with which the former had to be replaced. After tying the pedicle in the manner purposed, I divided it between the tumour and the part tied, and, having done so, had the gratification to see the huge mass, of more than 16 lbs. weight, lifted from its place and carried away by Mr. Law, no adhesions whatever interfering. I now examined the cut end of the pedicle, and tied a considerable artery. At this period the patient became very sick, and made repeated efforts to vomit, but nothing was brought up. Dr. Freund had been in charge of the divided integuments, and closed them over the abdominal viscera, securing the intestines from exposure to air as much as possible. Nothing could be more satisfactory than the very complete and effectual manner in which the loose, soft, natural coverings, internally smooth, moist and warm, when released from the distension occasioned by the disease, enabled us to accomplish the important end of shielding the viscera

from all unnecessary exposure to the atmosphere. Whilst the retching efforts continued, I aided Dr. F. in his work, and my other friends were taking every care of the patient in other respects. When these had ceased, I again looked for bleeding vessels ; but as there was a general oozing, rather than any other form of bleeding, it was agreed to tie the pedicle in its entire circumference ; some notion prevailing that the needle might have severed a vessel at a distance from the cut surface. I accordingly did this with double stay silk, and nearer to the uterus than before. Bleeding ceased, the wound was cleansed, the other ovary examined by Dr. Blundell and found healthy, and nothing remained to be done but to close and stitch the wound Near a dozen of interrupted sutures through the integuments, which had been marked with solution of nitrate of silver before the operation for our guidance at this moment, served to bring the parts together. Long pads of lint were laid down each side of the abdomen a little away from the wound, and strips of a mild adhesive plaister carried over them from one side of the body to the other. A broad bandage, entire at the middle, but slit up into eight roller-heads, and previously laid ready beneath her back, was made comfortably tight, and the ends, after once encircling her, tied on alternate sides of the patient's abdomen. This seemed to give her a satisfactory feeling of security, and drew from her a remark of approval.

At the conclusion of the operation her pulse was

76, counted by Dr. Blundell: it had been exactly that number when reckoned by myself the evening before: she was, however, pale and cold, and when laid in bed requested to have something given to quiet her nerves. A bottle of hot water was put to her feet, she was well covered up, and an anodyne administered, with directions to repeat it in an hour: it was composed of a quarter of a grain of Morph. Acetat. and an ounce and a half of Mist. Camph.; and was so repeated. At 5 o'clock, her pulse was 82. When I visited her at 8, it was 96. She had become warm after the anodyne, and having slept two hours, was now perspiring freely. From this time she was neither cold nor had chilly sensation: on waking from her sound sleep, she was at first a little confused, but this soon ceased, and she was generally quite clear and calm in mind. When the pedicle was tied the first time, she had complained of some pain in the loins, and still more at the second tying of that part; a general smarting of the wound was also, of course, felt. These continued between two and three hours, but had now subsided almost entirely. A sensation of throbbing succeeded, which also ceased in the course of the night. At 12 o'clock I paid her my final visit, and drew off five ounces of urine. She had slept three hours since 8 o'clock: pulse 94 before, 89 after the use of the catheter. No unfavourable symptoms.

Nov. 7th.—I visited her at 9 A.M., 4 and 11 P.M., and each time used the catheter, withdrawing in all

fourteen ounces and a half of urine. The pulse at each visit respectively 90, 96, 86 when asleep, 90 after awaking. Having passed a comfortable night, at least sleeping great part of the time, she also slept a good deal in the day : was free from pain, had no abdominal tenderness, except in the line of the wound, and no distension, flatulency, or sickness : she perspired freely, and was comfortably warm. Had taken nothing but toast-water, and as too little of this even had been given, in the great caution used to avoid distension from any cause, was rather thirsty in the afternoon ; but when more was allowed, complained towards night that it did not quite suit her stomach. Mint-tea was then proposed, but not taken. A spoonful or two of panada in the evening was the only thing taken besides, until at night her anodyne of a quarter of a grain of Acetate of Morphine and an ounce and a half of Mist. Camph., was repeated, which relieved the slight uneasiness of the stomach. The total abstinence observed throughout the day was in accordance with her own feeling as well as my wish, as " she often ate nothing for two days or more when her stomach was out of sorts."

8th.—The second night was not equally good : she had been somewhat hot and restless, but still perspiring. The thirst continued, and sickness had twice or thrice occurred in the night. Small quantities of soda water, not in its full activity, were now allowed, and she took a bottle and a half in the

course of the day. I visited her four times, and the pulse was noted at each of the visits twice; the catheter, except at mid-day, being used between making the first and second note.

	9 A.M.	2 P.M.	9 P.M.	12½ P.M.
1st trial	91	92	96	84
2nd do.	88	91	92	84

Four ounces of urine only withdrawn in the morning. I was induced by this circumstance to omit the use of the catheter at 2 o'clock. In the evening I received two messages, and at 9 o'clock found her very uneasy, with a strong desire to pass urine and stool, but afraid to make any effort. The catheter and an enema of warm water afforded great relief: flatus passed from the bowels, and six ounces of urine were withdrawn. Vomiting and occasional eructation of wind had occurred. She had changed her posture in bed several times, and was not easily restrained from making imprudent sudden movements in her state of uneasiness. During my 9 o'clock visit this was very much the case, and after one of her movements of this kind she became alarmed by feeling something hot on the skin of the abdomen. On examination I found serum trickling down the skin from the wound. I afterwards suspected that the ligatures, which had been left out about two inches from the pubic end of the wound, must have been pulled a little way within it at this juncture, as the ends were not visible when I made my first dressing. Being very much relieved by what had been done for her, and the anodyne having been repeated, at

half after 12 o'clock I found that three hours of comfortable sleep, and a subsidence of twelve beats in the frequency of the pulse, had been the happy consequences of the measures. Her mind was clear, and her skin moist all day, but after the anodyne warm and perspiring freely: the tongue moist; but vomiting always disguises the state of the tongue in that respect, so as to render it almost useless as a criterion of the patient's condition.

9th.—Hours of visiting and state of pulse.

	10 A.M.	4 P.M.	11 P.M.
1st trial	100	100	
2nd do.	97	97	92

She slept two-thirds of the night, and passed, unaided, eleven ounces of urine before my first visit, and five ounces and a half after it. Felt a wish for food, and took panada. The sickness had ceased. She slept in the day, and again took a little simple food, at night: it was panada, or something sopped, as biscuit, I believe. Complained of slight pain at the pit of the stomach. The enema and the anodyne were repeated. Her tongue was moist and cleaner, and the skin perspiring.

10th.—Had two motions from the enema last night, and passed eleven ounces of urine at twice. Had been somewhat restless and moving: was thirsty, and had occasional sickness. Took a cup of tea and a little biscuit for breakfast. Skin moist: tongue moist and brown: some griping pain:

passed twelve ounces more urine in the course of the day. The temperature of the room, which had been preserved almost uniformly at 70°, or a trifle above that degree, and only once before lowered to 67° for a few hours, was now reduced to 66°. All this day the pulse ranged from 80 to 82, a fall attributable to the free relief of the bowels the previous night, yet some uneasiness of a griping kind was now and then felt. Enema repeated: anodyne conditionally ordered, but not taken.

11th.—She had not had so good a night: vomiting had twice occurred, with strong retching, and she had brought up a good deal of bile: there was constant nausea, and occasional eructation: six ounces of urine: no motion: occasional griping: pulse 80. I dressed the wound, removing all the stitches below the umbilicus, but leaving those above that part. I directed that some beef-tea should be given with salt in it.

At mid-day the symptoms were not amended. Pulse 83: tongue dark brown, and much coated: her manner drowsy, and her mind at times confused: constant nausea, occasional vomiting, and frequent hiccough, with pain at the navel. These symptoms made me anxious for her safety. They were those of intestinal distress, and reminded me of such as occur in strangulated hernia, and at the ushering in of intestinal fever of a bad form. I speculated on the circumstance of the disappearance of the ligatures,

and how they might contribute to the production of the symptoms. I deemed it useless to search for them, as their attachment to the pedicle would render their removal, if found, impracticable; and after conferring with my friends Dr. Blundell and Mr. Vincent, determined to make no attempt of that kind, but give the anodyne, then an enema in two hours, and repeat the anodyne if necessary. All this was done. The first anodyne relieved the sickness, procured her some better sleep, and revived her very much. The enema produced a discharge of flatus and some little fæculent matter. She had a tranquil night after the second anodyne, and on the morning of the

12th—Felt better; having passed eleven ounces of urine in the night, and having been scarcely at all sick. Pulse 79, soft and full: skin warm, and freely perspiring: occasional hiccough, which still causes pain at the navel. Wished for tea and toast, and took some beef-tea with toast in it. Throughout the day she continued to improve. She passed nine ounces more urine. At night the enema, and then the anodyne were repeated: the former produced a motion, which, in part, consisted of a large hard lump of fæces. Her night was good; and on the

13th—She had neither pain nor sickness. Sixteen ounces of urine passed in as many hours: her tongue was moist, and rapidly cleaning, yet the singultus occasionally returned: this, she said, she was very

apt to experience when well, and was partially relieved by sipping water. I dressed the wound, removing the remaining stitches: adhesive matter was covering those parts of it which were not closed, and which, at three points together, amounted to less than three inches. She was cheerful and comfortable at noon, when the wound was dressed, but within a very little time had again some nausea and other symptoms resembling those of incarcerated hernia. She thought the dressings too tight, and, on raising one end of the strips of plaister, it was found that one of them in particular had been so; it lay over a part of the wound not yet quite closed, where intestine, slightly protected by adhesive matter, was liable to pressure. On my removing this piece of plaister she felt sickish and faint, but immediately after much relieved: it had evidently contributed to the renewal of unpleasant symptoms; and the circumstance is, I think, one of great practical interest, for it confirms the observation which the whole particulars of the case, after the completion of the operation, are calculated to draw forth, viz. that it is not so much peritoneal inflammation as suffering in the viscera of the abdomen, more particularly the intestines, which is to be apprehended as a consequence of free incision for the removal of diseased ovarium.

Having obtained great relief from the loosening and more lightly adjusting the dressings of the wound, one other cause of uneasiness and anxiety

remained. Several hours had elapsed without her having passed her urine, and she felt doubtful of her power to do so: the catheter was accordingly used for the last time. The enema and the anodyne were also repeated.

14th.—She had slept well, and at 5 in the morning voided her urine naturally. No sickness had occurred: her tongue was clean and moist: pulse 78 and soft: passed nine ounces of urine in the day; and, except a slight degree of light-headed feeling, and a rather violent fit of hiccough in the evening, was comfortable throughout this day, and had taken beef-tea, arrow-root, &c., more freely.

℞ Fel. Bov. inspissat. gr. x. h. s. s.

15th.—Passed a tranquil night without the anodyne, and feels quite well: singultus less troublesome: wished for leave to sit up, but felt weak and languid. Ordered a little port wine.

16th.—Better in all respects: relished some chicken.

From this period she continued to improve daily. On the 20th said she felt as if she could stand and walk, but still had some uncomfortable feeling, and a little difficulty in passing her urine. The hiccough did not entirely cease till about this time, though it was slight. On the 23rd she sat up several hours; afterwards, when in bed, her pulse was 75. On the

25th the ligatures appeared at the pubic end of the wound, and on the 27th I removed that which had secured the artery of the pedicle. On the 29th she felt quite well; the wound was healed, except a seton-like opening at the lower end of it, where the ligatures were lying, and one point by the umbilicus of redundant granulation of the size of half a pea. It was found requisite to give her a mild rhubarb draught occasionally, or sometimes a little magnesia, as the bowels did not act with quite their accustomed freedom, but in all other respects she was now well, and fast regaining her strength.

The ligatures of the pedicle remaining with very little change of position, and being in vain pulled at every other day, were on the 6th of January, 1843, twisted gently into the form of a cord till resistance was felt, and slight pain excited. They were then fixed in their twisted state by plaister. This proceeding was renewed on the 8th; and on the 10th of January, about ten weeks after the operation, they were drawn out without pain or resistance. In a few days the canal they had occupied closed, and the patient's cure was perfected.

She has enjoyed excellent health ever since, and is alert in her movements, walking several miles at a time (as many as four on some occasions) without inconvenience. At the end of ten months, being a very active person, had often walked from ten to twelve miles in a day.

I have not interrupted my narrative of the practical details of the case by any description of the diseased part removed by the operation; and the difficulty I might have had in conveying to my readers a correct idea of its character is fortunately rendered trifling by the spirited wood engraving executed by Mr. Lee*, from his own accurate sketch, which he made before any material change in its appearance had occurred.

MANCHESTER



Side view of the Diseased Ovarium.

a a, Remains of the broad ligament of the uterus divided in the operation; *b*, situation of the principal artery divided; *c*, form of the tumour corresponding with the left crista ilii; *d*, fallopian tube cut across.

Dimensions of the tumour.—The greatest circumference taken horizontally, as it lies in the engraving, was 2 feet 10¾ inches. Ditto, taken lengthwise over, 2 ft. 8 in. Ditto, across ditto, 2 ft. 4 in.

* An artist living in Princes Square, Kennington, who takes an interest in such subjects, and whom I feel bound to recommend to the attention of professional men who may have occasion for illustrations in wood.

The greater portion of the mass was fluid, contained in one principal cyst. A substance of about the size of two fists, having at some points a scirrhous hardness and abruptness of form, occupied that part of the tumour where the remains of the fallopian tube meandered towards its fimbriated extremity. This solid part of the disease was clearly the ovarium of the right side, much enlarged and changed in structure. It exhibited the characteristics of scirrhus, the angular hard ridges in particular, but, towards the most visible surface, interspersed with minute cysts containing a fluid. The contents of the principal cyst had the ordinary characters of ovarian dropsical fluid, in such cases as are neither complicated by the presence of active malignant disease, nor by the previous existence of inflammation of the interior of the cyst. Considering that the tumour as nearly in its actual form and size at the period of removal as it could be preserved, would be more valuable for the surgical illustration of the subject than when cut into slices for pathological ends (as has been done by hundreds such, to which no other history than that of their fatal influence on the frame that bore them attaches), I did not immediately pursue the ordinary course of destructive investigation with this one; convinced that in its natural form it might suggest useful reflections to those practitioners within its reach, whom apathy or prejudice should not prevent from thinking on the important question of the curability of certain diseases of the human ovarium by operation; since their cure by

other means is, by general admission, deemed hopeless.

But let me not be misunderstood. Let me not be supposed for a moment to recommend this operation as one to be undertaken in any but well-selected cases to which it is adapted; still less let me be supposed to advise that any surgeon should engage in its performance who has not, by habits of operating—yet more by long habits of careful observation and treatment of disease generally—and by very considerate and studious examination of the nature and connexions of this particular disease, and the tendencies of the viscera, which may be involved in mischief by an ill-judged operation, or ill-conducted after-treatment—qualified himself to cope with difficulties, from which it is unreasonable to expect an exemption.

SECOND CASE.

In the early part of the present year, 1843, Mr. Camplin of Finsbury Square called on me, accompanied by a patient, whose case he considered to be one of dropsical ovarium, and suitable for the operation of which I had then recently published the preceding case. At his desire I very carefully investigated the circumstances of her state, and agreed with him that there could be no doubt of the nature of her disease, nor of the propriety of

ultimately treating it by operation. We however thought that, in deference to the opinion still entertained by a few physicians that internal remedies are not without use in such cases, it would be proper first to give a trial to a course of such as are at present in most esteem. By thus proceeding we should test the efficacy of active internal agents, and in the event of their failure, find a fuller justification for resorting to surgical means.

Mr. Camplin's patient, Mrs. M. R——, was a widow, aged fifty-seven, who had not married till she was forty-six, had never been in the family way, and whose husband died five years after their marriage. Having always been accustomed to suffer much at the menstrual periods, she yet continued to menstruate till she was 49. Full sixteen years before she applied to Mr. Camplin she had thought herself larger on the left side of the abdomen than on the right, but until about eight years ago had not felt the slightest inconvenience, nor did she take any notice of the circumstance to any one, being in the enjoyment of perfect health. About the latter period, however, she felt a soreness and tenderness of the lower part of the left side of the abdomen, accompanied by fulness; and a surgeon, to whom she applied, mentioned the ovary of that side as the seat of ailment, and ordered her leeches, iodine ointment, and various other remedies, observing that though her complaint "was not a thing which touched life, it sometimes ended in dropsy." Five or six years

back her abdomen was to all appearance flat; but during the last two or three years she perceived a stoutness, which, as her health and condition were good, she thought little of. Something more than a twelvemonth since she began "to droop," to lose flesh generally, and at the same time to increase very remarkably in the size of her abdomen. Having ascribed these changes to flatulency and indigestion, she did not immediately apply for professional advice, but their continuance induced her to refer to Mr. Camplin in November 1842; the above being, in substance, her own history of the case down to that period.

When I first saw Mrs. R., she had the appearance of a healthy person of spare habit, and the size of a woman eight months advanced in pregnancy. There was distinct fluctuation and dull sound over the greater part of the abdomen, with a circumscribed character of tumefaction. A sense of dragging about the cartilages of the ribs, chiefly of the right side, was her principal uneasiness. The uterus appeared healthy, and of moderate size. She had no symptom of general dropsy. Her health was good, except a little flatulency and other symptoms of feeble digestion. She was directed to take—

> Liq. Potass. ʒss.; Potass. Hydriodat. gr. iij. ad gr. v., in bitter infusion, with Tinct. Columb. twice a day, and an occasional aperient.

After a steady trial of the Liq. Potass. and

Potass. Hydriod. for more than two months, it was clear that her size was undergoing augmentation, whilst her plight was in no degree improved. Her own opinion was, and Mr. Camplin and I thought it correct, that the disease gained ground faster whilst she was following this plan of treatment than either before or after it. The medicines that were administered subsequently were chiefly directed to the improvement of her digestion, and the lessening an irritability of system and excitability of circulation which had shown themselves.

Finding that the disease continued unabated, and that the inconveniences occasioned by it were becoming greater and greater, the operation was proposed, and Dr. Blundell consulted, that we might have additional assurance of the accuracy of our opinion, and of the propriety of the intended measure. We had the satisfaction of his entire concurrence. Various circumstances, however, occurred to postpone the operation till the 30th of May, when, in the presence of Dr. Sewall, of Washington (United States), Dr. Klein, physician to the Crown Prince of Wurtemberg, Drs. Moore and Waller, and other gentlemen, and assisted by Mr. Camplin and those gentlemen (Mr. Vincent excepted, whom accident kept away) whose aid I had been so fortunate as to obtain on the former occasion, I proceeded, after due preparation, to its performance.

The most important preliminary measures were:—

1st. Insisting on a few days of absolute rest within the house, our patient having wearied and excited herself several times very undesirably by visiting distant friends and busying her mind; and having, by much walking, brought on a painfully swollen condition of the left leg, with tenderness in the course of the veins. Rest upon a couch, a little aperient medicine, and putting her feet in hot water two or three times, improved her state very much, reducing the pulse, which had become somewhat quick, and removing her other slight ailments.

2dly. Prohibiting meat and fermented liquors for several days, and enjoining great moderation in the quantity of food of the kind allowed.

3dly. Marking the abdominal skin with solution of Arg. Nitr. in lines crossing the linea alba, to secure correct adjustment of the wound.

4thly. Clearing the bowels so completely that there should be no occasion to disturb them again for at least forty-eight hours after the operation. A dose of aperient pills over night, composed of Extr. Colocynth. C. gr. viij. et Ext. Hyosc. gr. v. in Pil. iij., and a large enema an hour before the operation, secured this object, which I consider doubly impor-

tant; in reference, viz. to the healing of the wound, and to the prevention of peritoneal inflammation.

5thly. Supporting her well with nutriment that would leave little residue to load the intestines afresh, and yet should well sustain her through the operation and its immediate consequences. I remembered the cold extremities and low condition of my former patient just after the operation. To this a pint and a half of good beaf-tea was given about two hours beforehand. She had her usual breakfast, and was directed to take nothing but the beef-tea after it.

6thly. The temperature of the room was maintained at a little above 70° Fahrenheit.

Tuesday, 30th May, 1843.—It was near 5 o'clock when Mrs. R. took her seat upon a couch, her feet upon the ground at its end, her back well propt by pillows, and an eight-headed roller placed beneath her. The steps of the intended operation had been fully explained to all the medical gentlemen when previously assembled in another room, and each of those who had assisted me before was engaged to take his part as in the former instance. Plenty of able assistance was at hand, but this arrangement was the simplest mode of securing what was necessary without confusion. Mr. Camplin was watchful of his patient's condition, and whilst cheering her was ready also with every aid of counsel and of hand that could be useful.

As in the former operation, a small incision was first made of an inch and a half in length, and the abdomen cautiously opened to a still less extent in the linea alba. In the course of this proceeding a little clear fluid (probably from the sheath of the right rectus muscle,) having appeared in the wound, gave an impression to some of the spectators that the sac had been already wounded, or, at all events, the peritoneal cavity entered. The fluid ceased, however, to trickle down, and examination convinced Dr. Blundell and myself that such was not the case; and by a careful division of the tendinous and peritoneal layers the surface of the sac was made visible, when a finger, passed in every direction between it and the peritoneum, discovered no adhesions. I could now proceed in the operation with the confident anticipation that all the circumstances of the case were favourable to its completion, and expediting my movements accordingly, I divided the skin from above downwards to the first wound, and thence towards the pubes, in all to the extent of about twelve inches; then, with a probe-pointed curved bistoury, guided and guarded by two fingers of my left hand, I opened the peritoneum from within to a like extent. The wounded structures separated on each side, and the tumour being devoid of adhesions steadily advanced through the incision. They were followed by the hands of one of the gentlemen and closed behind the tumour as opportunity offered, so as to cover the viscera with the peritoneum itself as promptly and as completely as possible. Dr. Freund,

as upon the former occasion, performed this office, and the tumour was steadied by Mr. Law; whilst I passed two fingers of my left hand behind the left uterine broad ligament, which formed the pedicle, and by their guidance, with a suitable needle, carried a ligature behind and thence through the middle of the pedicle, for the purpose of tying it in two portions. The first half of the ligature was readily and firmly tied, but the second broke*. The entire pedicle was then included in one double ligature, and divided between it and the tumour. The pedicle was very short, and the uterus lay backward in the pelvis, with a portion of the distended ovarian sac in front of it. After the division of the pedicle, and the removal of the tumour, there was hæmorrhage, in the suppression of which the shortness of that part occasioned some difficulty; but on drawing it up by the ligatures I could command the vessels by holding the bleeding part within the finger and thumb of my left hand, and they were, after a little delay, secured by another ligature, which included the pedicle again entirely. The advantage of a free incision was particularly felt at this period.

* It is very desirable to have a strong kind of ligature for tying the pedicle, and of equal strength in all its parts. I had tried beforehand a portion of that used in this case, and found it readily sustained a weight of 28lbs., yet another portion snapped at an untoward moment. I have since had a twist made purposely, and shall not be content with any ligature which will not sustain 60lbs. and is not very even in its fabric, as well as of soft texture.

The coagula being cleared away, the edges of the wound were adjusted as accurately as possible, and nine interrupted sutures served to preserve them in apposition. Long pads of lint were laid down each side of the wound, and over them slips of plaister passed from side to side across the abdomen. The heads of the roller which had been placed behind her were now carried once round her with the requisite firmness and tied. She was conveyed to bed with a firm though frequent pulse, and a warm skin, having been scarcely faint during the operation. She took a quarter of a grain of Morph. Acet. in an ounce and a half of Mist. Camph. immediately, and again in an hour; and eagerly drank some water, of which she had already taken more than I was aware of. At half-past six o'clock, her pulse was 110; at ten, it was 106, and full; her skin warm and freely perspiring, and she had slept a little. Complained of some pain of the left side and in the back. Eleven ounces of urine withdrawn by catheter. Temperature of the room, 75°. To have nothing but water, viz. 12 oz. in the night. The temperature to be lowered a little.

31st.—I paid her three visits, at each of which the pulse was noted, and was about 120. She had slept little, but perspired freely all night. No sickness, nor shivering, nor chilliness had occurred, and her mind was perfectly clear. The abdomen was free from distension and from tenderness, except in the line of the wound, and in the left iliac region; but

she felt all over her as if she had been beaten, was thirsty, and complained of heat and occasional griping uneasiness. I was surprised at finding twenty-one ounces of urine follow the use of the catheter in the morning. Ten ounces more were drawn off at mid-day; but before my evening visit she had twice passed it unassisted in considerable quantity; I, however, drew off five ounces. The tongue was moist and clean: short intervals of sleep refreshed her in the course of the day. Her breathing was free; and she could partially turn in bed, by the aid principally of the lower limb of the side from which she wished to turn. The rectum-tube was passed, but very little flatus escaped. One dose of her anodyne was given at night.

June 1st.—Had a good night. When visited at

	9 A.M.	5 P.M.	11 P.M.
Her pulse was .	117	108	102
Urine withdrawn	8 oz.	10 oz.	8 oz.

and some was also voided in the night, and when the bowels were twice spontaneously moved in the course of the day. Her skin was warm and perspiring all day; her tongue moist, and only slightly white. She had no pain, and the wound, where visible on readjusting the bandage, had nicely united. In all respects she was going on well. Water had been her only support till 5 o'clock to-day (forty-eight hours from the operation) when a little beef-tea was given, and at night some gruel.

2d.—Having slept a good deal yesterday, her night was not so good, though the anodyne was taken as before. The pulse was about 102 all day: the symptoms much as on the previous evening: the skin in particular perspiring freely, and of a comfortable warmth: the tongue moist and clean. The wound being dressed, was found to have united throughout, except for about three quarters of an inch at the lower end, where the ligatures of the pedicle were placed: there was no purulent discharge from any point. The stitches were all removed. Dry lint was laid along the wound, and plaister applied across the whole abdomen, and over this the renewed bandage.

Towards evening she became uneasy, and had a sense of sickness; but was free from tenderness of the abdomen. The urine withdrawn at three times in the course of the day amounted to about twenty-four ounces. Her bowels not having been moved, an enema was administered, and much flatus followed; and as her pulse intermitted somewhat, beef-tea was directed to be given more frequently.

3d. —A pretty good night, but had some unpleasant dreams. Flatulency and occasional griping. Would like an egg for breakfast. To have it, with bread and butter and tea; and then to take ten grains of Fel. Bov. inspissat. The pulse, 108 in the early part of the day, was 105 later, after having slept a good deal. In the morning it was intermitting, but

after taking her breakfast, and at noon some beef-tea, this character was no longer observable. Thirty ounces of urine withdrawn at three visits. The skin was warm, but perspired less freely to-day. Having had no movement of the bowels, but being less flatulent, ten grains of the Fel. Bov. to be repeated at night. Arrow-root and milk for supper.

4th.—Passed a better night, having no uncomfortable dreams. Bowels twice moved copiously and easily. Voided her urine very freely, which hitherto had generally been drawn off: pulse 106, feeble. Is in no pain, but feels low, and has some little tenderness in the left iliac region; afterwards relieved by her passing several offensive motions. Tongue rather yellow, and not so clean as heretofore. A little brandy to be taken in some gruel, and then her anodyne. Was very comfortable after taking the gruel, and slept two hours from the anodyne, the bowels being quiet. Arrow-root for supper.

5th.—A good night. Is languid: pulse 105. To have beaf-tea and a custard pudding for dinner. Tried to sit up after dinner, but felt faint and giddy. A glass of sherry given. Slept in the evening, and became very comfortable. Miliary eruption appeared yesterday on some parts of the skin, and to-day was very general. Pulse, towards night, 96, soft and rather feeble. The room to be kept cooler.

6th.—Wound dressed again. Two or three spots

only of pus, where the skin was not quite evenly adjusted, but in quantity hardly worth mentioning; the wound, in general, being a cleanly united line, excepting, of course, where the ligatures lay like the threads of a seton, but not yet loosened by any purulent discharge: slight tenderness near them. Pulse 94: tongue cleaner: eruption subsiding. Complained of nothing but weakness, being remarkably well for the period of her recovery—one week after the operation. To have some boiled mutton for dinner, with wine and water. Pulse, at night, 88: urine passed freely: no motion, and the bowels a little uneasy, with a sense of weight in the left iliac region.

Capt. Fel. Bov. inspiss. gr. x. h. s.

I have detailed the symptoms to this period more particularly than I should otherwise have done, for the purpose of shewing in how promising a manner every thing had hitherto proceeded.

On the 7th of June she had passed an indifferent night; and there was considerable uneasiness in the left iliac region, with one tender spot feeling like an intestine in a state of contraction. She had a copious motion in the morning, with partial relief. Instead of meat, took some sago pudding for dinner, which she enjoyed. Was free from sickness, but complained more than hitherto of pain, attributing it to flatulency, though there was no abdominal distension.

℞ Extr. Hyoscyam.; Fel. Bov. inspiss. aa. gr. v.; Aloes Barbad. gr. j. M. Ft. pil. iij. statim sumend.

As no motion followed this dose, and her uneasiness was increased towards night, though she had passed urine of pale colour freely, and the wound near the ligatures looked well, an enema was used, followed by the anodyne, with half a grain of Morph. Acet. Fluid diet.

June 8th.—Bowels copiously relieved, and she felt much easier, even before taking the anodyne, but after it slept, and perspired very much. Took small quantities of beef-tea in the night. To-day she complains of pain resembling rheumatism in her arms and shoulders, with a stiff neck, and says she has taken cold. Tongue furred, but moist: urine passed without difficulty, but of higher colour. There is uneasiness in the left iliac region as before, and a little soft fulness. I examined the left leg, fearing inflammation of the veins from the symptoms complained of. It was larger than the other, but so it had been before the operation: no shivering, nor sickness, nor headache, but the pulse 110, weak, and small. The miliary eruption much renewed. Towards night, the pain in her limbs increased, but the abdomen was easy, and there was less tenderness in the iliac region: the right leg had become somewhat painful, particularly on being moved, and her pulse was higher: she was thirsty, but perspired freely: a hot enema was given, viz of 108° Fahr., and an anodyne.

June 9th, 8 A.M.—Passed an indifferent night,

and feels very ill this morning, her sleep having been disturbed by pain in the limbs, particularly the left leg, which is more swollen, and now pits sensibly, though it did not on examination last night: there is some tenderness in the course of the blood-vessels in the groin: the shoulders and neck are easier: pulse 125, feeble: urine more red: bowels well relieved, and motions not unhealthy: tongue foul, but moist: no shivering: skin perspiring.

℞ Infus. Cinchon. ℥jss. quartâ quâque horâ sumend. Leeches to the groin.

2 P.M.—The leeches have not sucked well, nor the bites bled much, yet she says she is better. Being put on milk diet, she finds it support her very well; her pulse is, however, 130. Tongue furred: moist at the fore part, but she feels it uncomfortably dry and hot towards the throat. Countenance somewhat anxious. At night, leg more swollen and very painful.

℞ Sulph. Quin.; Pil. Hydrarg.; Ext. Conii, aa. gr. ij. M. ft. pil. ij. quartâ quâque horâ sumend., in lieu of the infusion. Leeches renewed. A hot enema: afterwards an anodyne of Ext. Hyoscyam. gr. v. Morph. Acetat. gr. ss.

Dr. Blundell concurs in her case being now one of mild phlegmasia dolens, or inflammation of the veins, as Mr. Camplin and myself considered it.

June 10th, 8 A.M.—Had a better night, and is freer from pain, particularly in her arms, and moves them about, to show the improvement. Yesterday she

could not do this, and even feeling her pulse hurt her at the wrist. The leg too is easier, and the site of the vein, where it enters the abdomen, less tender. A plentiful motion followed the use of the enema. She has taken a great quantity of milk. Pulse 138: urine paler: tongue moist: countenance improved. To be again leeched.

Towards night her pulse fell to 119, and though very uneasy, particularly in the left leg, her pain was less. The tenderness in the groin and inguinal region had much subsided, and the leg was softer without being more swollen. She took an excessive quantity of milk last night and this morning, and caused herself a great deal of distension and discomfort. A little brandy and water had to be given: her pills were continued, and at night an anodyne enema administered, which not being wholly retained, her usual anodyne was also given, and the two produced an inconvenient drowsiness.

June 11th, 9 A.M.—Excessively heavy, languid, and somewhat confused, yet feeling better when roused. Pulse 145. It even rose to 150 in the course of the morning, but towards the afternoon fell to 130, and gradually came down from this time for the next two days, being then 100; the leg followed the like course of improvement, as did her general state, except that a cough distressed her at times, and her feebleness and emaciation had become extreme: the quinine was continued, but the Pil.

Hydrarg. omitted: her diet was made more generous as the symptoms permitted. At one time the right leg became painful and slightly swollen, but not for a continuance. There was tenderness also in the right groin in the course of the blood-vessels. Her convalescence was very gradually established: some tenderness in the situation of the veins in both groins was experienced for many days; clammy sweats broke out at times, and pains like those of rheumatism were often complained of during her recovery. As to the wound, what was chiefly remarkable was, that from the peeling of the skin, occasioned by the innumerable little blisters of the miliary eruption, its whole line was made raw for a couple of days, and at the part where the ligatures hung forth, a discharge, just about the time of the subsidence of the worst symptoms of venous irritation, was observed in greater quantity than at other times, and then it was offensive, but in general it was healthy, and not at all profuse. The ligature first tied, which included half the pedicle, came away on the 2d of July. The others, which embraced the whole pedicle, although very tightly twisted, remained a long time irremovable; the second not coming away till the 5th of August, and the third not till the 17th of the same month. A visit of a few weeks to the sea-side restored her strength, and so improved her condition that she became stouter than she had been before the operation. But she still feels some slight uneasiness and stiffness of the lower limbs.

The tumour removed in this case was rather less solid than that which I removed in November 1842. It weighed sixteen pounds and three quarters, imperial weight, and, when lying, measured in horizontal circumference 2 feet 11½ inches; in vertical circumference 2 feet 6 inches lengthwise, and 2 feet 3½ inches across. The engraving of the former tumour will convey a better notion of this than any description I can give; the chief differences being in the position of the fallopian tube, which stretched wide away from the solid part, and its being a disease of the left, whilst the other was of the right ovarium.

THIRD CASE.

On the 27th of June, 1843, a young lady from the country, accompanied by her mother, called on me, with a note from Dr. John Elliotson, whom she had that morning consulted respecting an abdominal enlargement, which for some time past had been a source of anxiety to herself and her friends. Dr. Elliotson having ascertained the presence of dropsical disease of one of the ovaries, and the result of his extensive experience being a conviction of the inefficacy of medicine in the treatment of that malady, had "at once told her not to be tapped, nor to take medicine likely to weaken or even annoy her," and advised her to put herself under my care, if I were willing to operate upon her. Being well acquainted with my "success in operating on the ovarium," he seems to have "regarded it as a duty" to

advise her to become my patient, provided neither she nor I objected to the operation.

Having perused the note, not without some admiration of the manly frankness by which it was characterized, I proceeded to investigate the case of Miss A. K., who had not quite completed her twentieth year. More than four years ago it had been observed that she was larger in her person than was natural; so much so, that the mistress of the school at which she was then a pupil had written to her mother, intimating that something was wrong in her state which gave her a very matronly appearance. She herself is of opinion that at a much earlier date she had been unnaturally large, and believes that her complaint had originated in an attack of inflammation, for which leeches had to be applied to the abdomen, when about eleven years of age.

Having left school at Midsummer, 1839, she became a governess in a private family; but towards the end of the year her size excited so much observation, and caused so many unpleasant remarks on the part of persons who did not know it to be the effect of disease, that she was obliged to return home. A professional opinion was in consequence taken, and she was pronounced to have ovarian dropsy.

From the time at which the nature of her case became known she underwent various courses of medical treatment prescribed by experienced practi-

tioners. Mercurial alteratives, repeated emetics, an ointment rubbed upon the skin of the abdomen till it produced an appearance like erysipelas, and a variety of other remedies, were duly tried, but her size continued to increase gradually, no benefit whatever being derived from any of the means employed. For six months before she applied to Dr. Elliotson, with the exception of a short trial of garlick in gin, and broom tea, which some friends recommended, and which were of no service, all medicines had been discontinued.

She began to menstruate in her fourteenth year, was quite regular in that respect from the first, and always continued so, never experiencing any material suffering or inconvenience on those occasions. At about fifteen she went through a fever, but was never again affected by abdominal inflammation from the time of the illness which occurred when she was not more than eleven years old.

On examination I found the abdomen as prominent as at the full period of pregnancy, with greater fulness towards the loins. The tumefaction was circumscribed, very regular, and distinctly fluctuating; the health in all respects good; not the slightest sign of general dropsy present, and the uterus perfectly natural. I could find no circumstance to create a suspicion of the existence of adhesions; and she had never been tapped. Though of a slender general figure, and slightly emaciated, she measured forty inches in circumference.

Having informed Dr. Elliotson that I considered the case suitable for operation, but that, before arranging for its performance, if the patient and her friends agreed to have it done, I should wish Dr. Blundell's opinion to be taken, and this proposition receiving his approval, the result of our conference was declared. The young lady herself was very prompt in decision, being determined to submit to any operation rather than continue the subject of such annoyances as her disease occasioned. Her friends were more deliberate, and received much contradictory advice. In August the matter was so far settled that Dr. Blundell was consulted, and his opinion, after careful investigation, found to be favourable. By this time also I perceived that, from whatever cause, she was sensibly losing flesh, whilst her complaint was as evidently gaining ground. Three quarters of an inch additional abdominal circumference, with a thinner state of her general person, were plain intimations of the advance of mischief; and already her size was such as indicated a diseased ovary of much greater magnitude than had been met with in either of my previous operations. I therefore drew attention to these circumstances, and suggested that further delay would add to the hazard of the operation.

On the 29th of August she took up her abode in excellent quarters, with a prospect of the best nursing, and the most kindly discreet management of every thing relating to the coming occasion. Her men-

struation had continued to be quite regular up to this time, and her last period had concluded on Friday the 18th.

It was my purpose to operate on Friday, the 1st of September. In the meantime she was subjected to similar preparation as my two former patients, viz. abstinence from meat, and wine or other stimulating beverage. She also took aperient medicine of a mild description several times; but being young, and, as I conceived, on that account more likely to be the subject of inflammatory attack after the operation, I thought it prudent to take eight ounces of blood from her arm on the day previous to the one fixed for its performance. She bore the bleeding well, not being at all faint. Once, some hours after, she felt a slight giddiness. Two nights in succession she had taken, (as her bowels were not very freely moved by the first dose,) the following pills.

℞ Ext. Colocynth. c. grs. viij.; Hyoscyam., grs. v.; Pulv. Antim. grs. ij. M. et div. in pil. iij. h. s. sumend.

To-day, August 31, they had acted thrice copiously. They were directed again, omitting the antimony. Her buoyant animation and activity were scarcely repressible by these means, by injunctions of quiet, or the expectation of the operation.

Sept. 1st.—It was intended that the operation should be performed to-day, and the skin of the abdomen was marked last evening for the purpose.

At 1 P.M. I saw her, and she was quite prepared in mind, and apparently in an excellent state of bodily health for the occasion; moderately lowered in tone, but with a calm soft pulse of about 80. The action of the pills had been attended by a little griping; and, soon after I had left the house, she remarked to the nurse that she felt as if she were about to be unwell. Between this and three o'clock the catamenia appeared, and I consequently postponed the operation, but was not aware of the circumstance soon enough to prevent my friends arriving, one after another, to their appointment at four.

Having gone through her customary period of from three to four days, she was again well on the 5th of September, but the operation was not fixed for an earlier day than the 12th, that the tendency to relapse in this matter might be completely at an end. Her diet was very moderate during the whole of this time in respect to animal food, and for the last five or six days this was strictly forbidden. The following draught was taken on the morning of the 10th.

℞ Pulv. Rhei, ℈j.; Potass. Tart., Mannæ, aa. ʒj.; Spir. Ammon. Ar. ♏xv.; Tr. Hyoscyam. ♏xx.; Tr. Sennæ, ʒj.; Aq. Piment. ʒxj. M. ft. haust.

It acted well. On the evening of the eleventh I found her in all respects in a desirable state for the operation. Menstruation had ceased about a week, and no threatening of a return had been felt.

℞ Extr. Colocynth. c. grs. viij.; Hyoscyam. grs. v. M. et div. in pil. iij. h. s. s.

These did their duty effectually next morning.

12th.—I visited my patient about mid-day and, though hardly required, a little refreshed the marks upon the abdominal skin. The weather was hot, but the chill of instinctive apprehension had given her a cold hand and a pale cheek, not to be removed by the most determined spirit. The thoughtfulness of genuine courage was at work. At two o'clock she took a good basin of beef-tea. At three, a copious enema of warm water ensured the clearance of the bowels. Drs. Blundell and Henry Davies, Messrs. Vincent, Beale, William Burrows, Camplin, Hitchman, and Law, having assembled, and all necessary preparations being complete, at about a quarter before five o'clock Miss K. seated herself firmly at the end of a couch. It was observed immediately, though silently, by those who had witnessed them, that the abdominal tumefaction much exceeded that which existed in either case of my former operations. The pillows and bandage being adjusted as on those occasions, Mr. Beale took his post on the right, Mr. Law on the left of the patient; the former to manage the integuments, the latter the tumour. I sat obliquely facing the end of the couch, on her right.

Having no purpose of deviating in this case from my former plan of operating, though under no pledge to its invariable adoption, I proceeded to make my preliminary or exploratory small opening of an inch and a half in the linea alba, and below the umbilicus.

Meeting with no unusual circumstance, unless the jet of a small artery be thought such, it was soon completed, and the abdominal cavity entered. The state of the cyst, as far as the finger could ascertain it, was made out. A momentary pause was asked by my patient to draw breath. The wish was opportune, as the granting it gave time for the bleeding artery to contract. Having mentally measured, by the bulge of the abdominal skin caused by the tumour, of what size the incision need be, I now divided the integuments from above downwards in the median line of the abdomen, slightly deviating to the left at the umbilicus, and having reached the preliminary section at its upper end, I then prolonged their division downwards from its lower end to the requisite extent. Of the nineteen inches and a fraction, the distance from the point of the ensiform cartilage to the pubes, fourteen were occupied by this extended incision. When completed, I promptly took my curved probe-pointed bistoury, and by the guidance of two fingers of my left hand, divided the peritoneum from within to a like extent. An enormous cyst gradually advanced through the wound. Mr. Beale carefully and effectually covered the viscera by closing the integuments behind it. Mr. Law sustained the weighty mass of disease. The broad uterine ligament of the left side constituted its pedicle, through which, under the protection of my own fingers, I thrust, from behind it, a needle armed with strong silk twist. The two halves of the pedicle were separately and tightly tied, and then it was

divided between the ligatures and the tumour; the latter, weighing 28 lbs., being immediately removed without impediment from adhesion. No bleeding followed the division of the pedicle, which I tied with great force, having complete confidence in the strength of my ligatures, and believing that the period of their dislodgment depends much on the degree of constriction given to the substance of the pedicle in tying them. Having carefully but gently removed the blood collected at the lower part of the abdomen, and near the edges of the wound which had alone furnished it, I applied thirteen interrupted sutures; placed long pads of lint on each side, but a little away from the line of the wound, and over these applied strips of plaister, extending from one side of the body to the other, securing the whole by the bandage. Dr. Blundell had previously examined the other ovary, and found it healthy. Nothing could exceed the firmness of my patient's resolution; she had uttered no exclamation. Being now, however, somewhat faintish, she sipped a little brandy and water. After being placed in bed, slight vomiting occurred, and a very little brandy by itself was taken. An anodyne of a quarter of a grain of Morph. Acetat. in an ounce and a half of Mist. Camph. was given at about six o'clock, to be repeated in half an hour. I left her after the first had been taken with a pulse of 88.

10 P.M.—Had not slept: retched at nine, and brought up a little of the secretion of the stomach,

slightly tinged with bile: complained of tightness at the lower part of the abdomen, as if the bandage were too tight, which I found was not so, nor was the plaister. Felt some tenderness on both sides of, and quite across, the lower part of the abdomen, but chiefly of the left side; and had pain in the back, and down the limb of that side. Nine ounces of urine drawn off: pulse 105 to 108: no shivering nor chilliness: skin rather hot, but moist: temperature of the room 72° F. Tongue clean: no headache, nor confusion of mind: no bleeding from the wound: has drunk nothing but her medicine, and is not thirsty.

℞ Ext. Hyoscyam. gr. v.; Morphiæ Acetat. gr. ss. M. ft. pil. statim. sumend. A pint of water may be taken in the night, a little at a time.

13th, 8 A.M.—The vomiting recurred at eleven last night, and again twice between five and six o'clock this morning. Between twelve and one o'clock she fell asleep, and slept two hours, after which she dosed frequently. Urine was twice passed spontaneously, together to the amount of five ounces; I drew off eleven ounces. Though feeling better than she did last night, she says that her head aches a little, chiefly over the eyes, with a sense of "tired heaviness," but has no pain at the back of the head. Pulse 110, and rather full at the commencement of my visit, 102 at its conclusion; both carefully noted. Skin moist all night, but hot. Has taken nothing, not even the water, except one sip with the pill, and yet is not thirsty. Countenance animated, and with the colour

of healthy warmth. Breathes freely without its hurting her. The sense of tightness at the lower part of the abdomen is less; but she feels it now all over, and she is sensitive over the cartilages of the ribs on the right side, but does not feel "the cut" much. Her back aches from the shoulder-bones all down the sides; her legs also, more particularly the left. Mind clear: no chills: no flatus: tongue a little furred at the back, and less moist than natural. Advised to take the water.

1 to 2 P.M.—Has slept nearly ever since my former visit, and the vomiting has not recurred. Nine ounces of urine drawn off. I had cautioned her against any effort to pass it, lest the wound should be disturbed. Skin warm, and freely perspiring: tongue whitish: headache less, and feels better: pulse 98, full and soft. Temperature of the room 74° Fahr.

10 P.M.—Had dozed occasionally, and once slept an hour since my last visit. Pulse 112: tongue clean and moist. So little thirst that she has taken only about a pint of water since the operation, now thirty-one hours. Urine has been passed in considerable quantity; two ounces only drawn off; natural in colour and other characters. A little flatus has been passed. Headache slight, but subsiding: mind clear: skin warm and moist. No shivering, nor chilliness, nor sickness; and the vomiting has not recurred since six in the morning.

Complains of some pain "in the lower part of the stomach (meaning, of course, abdomen), in the left hip, and back, and right ankle." Breathes freely, without fear of creating uneasiness. Felt as if she could eat some beef, when the nurse was taking her dinner.

Rep. Pil. ex. Hyosc. Ext. et Morph. Acet.

14th, 8 A.M.—Has had an excellent night, with several hours of sound sleep, having been quite easy during the rest of the time. "At this moment I am free from pain altogether," is her answer to my inquiry how she feels. No vomiting, nor sickness, nor headache, nor confusion of mind, nor shivering, nor chilliness. No hiccup nor cough since the operation. Skin warm, and has perspired freely all night. Rather more thirst, but has taken only three quarters of a pint of water, and seems to wish for nothing in preference to drink. I inquired particularly on this point, as it was suggested to me that some fancy respecting water being likely to cause her complaint to reappear was existing in her mind; and I felt that to take rather more of it would cool and refresh her under the present slightly feverish state of her system. She has since assured me that she had no such idea, but really did not want more than she took. Tongue clean, except a little brownish tinge at the back, a common effect of opiates. Limbs and all other parts of the body now easy, "except just the bottom of the stomach since the use of the instrument" (the catheter), and the limbs when

moved. Two ounces of urine passed and collected; two ounces only withdrawn; but, as she drinks so little, and perspires so much, this is not surprising; it is higher coloured, in part, no doubt, from the same causes. Pulse 116, soft: temperature 74°—to be lowered gradually to 72°, and then to 70°.

I adjusted the dressings a little, but did not examine the wound. I ascertained, however, by very gentle examination, that the abdomen was quite free from general tenderness, as it was from distension, or even fulness in any degree.

Half-past 1 P.M.—Much as in the morning. Pulse a little quicker; but my friend Mr. Law having visited her with me, and the patient being much pleased at seeing him, perhaps accounts for it. Has taken soda water occasionally, not quite in full action, and in very small quantities—a wine-glassful at a time: it refreshes her very pleasantly. Up to this time nothing but this and plain water have been taken.

To have a little arrow-root made with milk.

10 P.M.—Took her arrow-root, a tea-cupful, but not till forty-eight hours, at least, after the operation: enjoyed it. Is cheerful in countenance and manner. Has been a little uneasy with flatus, and thinks the soda water may have been the cause; but is less so now. Has dosed. Pulse 115, soft: tongue clean and moist: skin warm and perspiring: six ounces

of urine passed; an ounce and a half only drawn off, to assure myself that it was duly voided. The power of discharging it is now complete, and the slight effort required is attended by no inconvenience. I had, however, discouraged the act to this time. No sickness, vomiting, nor hiccup: no shivering nor chilliness: no pain except a little "at the bottom of the stomach," and some uneasiness in the legs, resembling rheumatism she thinks, but very trifling. Slight headache, but no confusion of mind. No sense of inclination to relieve the bowels has occurred, nor flatus passed. Has no wish for more arrow-root, or any thing else. Dislikes pills, and would prefer a draught. Temperature 73°. Pulse 111 at the conclusion of my visit.

℞ Tr. Hyoscyam. ʒss.; Morph. Acetat. gr. ss.; Acet. dist. gutt. v.; Aq. Menth. Pip. ʒj. M. ft. Haust. h. s. s.

15th, 9 A.M.—Passed a quiet night, being quite easy, but slept little till between seven and eight this morning. Skin warm and perspiring: pulse 114: tongue moist, and very little furred at the back part. Flatus troubled her at one time, but does so no longer: some was got rid of. A sense of itching of the skin also teazed her, but that has ceased. No sickness, hiccup, nor cough. Six ounces of urine passed, of higher colour. No distension of the abdomen: bears moderate pressure, even in the left iliac region. Limbs easier; back only feels sore at its lowest part from lying constantly on it. More thirsty, and has taken a pint of water in the night;

had previously not taken more than three pints of liquid altogether since the operation, sixty-four hours. To have arrow-root. Temperature 72°. Moistened the lint which adhered to the neighbourhood of the wound preparatory to dressing it at

2 P.M.—When I did so, and took out all the stitches. Adhesion throughout, even to the very spot where the ligatures lie, and barely leaving open the space they occupy. No pus anywhere. I laid a narrow strip of lint with spermaceti salve along the line of the wound; then placed a long pad of lint on each side, over which strips of mild adhesive plaister across the abdomen, and the renewed bandage, gave the requisite support. Six ounces of urine passed.

To have a glass of calf's-foot jelly.

10 P.M.—Pulse 110, soft. Has had her linen and position changed, and is comfortable. She felt rather feverish from five to about eight o'clock; but is not so now. The legs are uneasy, but for which she would, she thinks, get sleep. Eight ounces of urine passed: tongue clean and moist. Enjoyed the jelly, and would like another. To have it.

Repr. Haust. anod.

16th, 8 A.M.—Passed an excellent night, and is free from all uneasiness, that of the limbs having gone off soon after my visit last night, and before the anodyne had been taken. As it was too late to pro-

cure a jelly, took arrow-root with milk instead, and relished it. Was hungry in the night, and wishes for an egg and coffee for breakfast. To have them, with a little dry toast.

Eight ounces of urine passed; rather high coloured: a little flatus. Pulse 104: tongue moist, and but little furred at the back; and this state is limited to the morning. Temperature 70°, to be reduced to 68°.

2 P.M.—The catamenia appeared this morning. Has been taken out of bed, and lies comfortably on a couch. Had a jelly since her breakfast, and no ill effect has arisen from either. Perspires gently: weather remarkably hot.

10 P.M.—Has had tea and a little toast. Skin rather drier. Has felt hot. Pulse 100, soft and full. It has always had the character of fulness, though this was not noted, as the degree of it was not so marked as it now is. Complains of nothing. Slept little in the day, but had a short refreshing sleep in the evening. Temperature 72°, and it seems difficult to get it lower, though the aspect of the house is north, and there has been no fire all day. Tongue clean and moist. No motion yet, nor any inconvenience in consequence. It may be prudent to procure one in the morning.

℞ Extr. Colocynth. c. Extr. Hyoscyam. aa. gr. vj. M. et div. in pil. ij. h. s. s.

17th, 10 A.M.—Had an indifferent night, being twice affected with night-mare. Took some jelly, and this morning wished for the same breakfast as yesterday ; pulse reported 95 before, about 100 after taking it. In all respects going on well.

2 P.M.—Wound dressed again. It is only a superficial line. In depth it is perfectly united, and the peritoneum has been shut from the first moment the wound was closed. No pus at any part of it, not even by the ligatures. Pulse 100. Has just taken some mutton broth with a little toast. Skin warm and perspiring. Temperature 72°, and it was nearly or quite that in the shade out of doors this morning, where it is now hotter than in the house.

10 P.M.—Pulse 96, soft. Continues to menstruate, and has had a little bleeding at the nose, some few drops. Tongue clean and moist, and she perspires freely, rather too much so, particularly after sleep. Has slept on her " ligature side" for half an hour. Bowels not moved, nor has any thing passed from them since the operation, now full five days; nor have I seen any absolute occasion hitherto to disturb them, as there has been no abdominal distension or discomfort. Feels languid. As the pills seemed inactive, a copious enema of warm water was employed, and produced two abundant motions. A cup of sago with a glass of port wine was taken for supper.

18th, 8 A.M.—Her night was quiet, but she did not sleep much. The anodyne, ordered conditionally, and with a wish expressed on my part to discontinue its use if not really necessary, was not taken. Has made a good breakfast of egg, toast, and coffee, and felt to want it early. Pulse 92, full and firmer. Last night it was a little feeble. No return of the epistaxis, but coughed once or twice slightly in the morning. Continues to menstruate, but very little. In other respects much as before.

2 P.M.—Pulse 88, after a dinner of ground rice pudding.

10 P.M.—In the course of the afternoon experienced a slight attack of gravel; and several little rough roundish concretions, consisting apparently of uric acid, were passed. She had taken soda water occasionally, in small quantities, during the last three days; and the alarm which this attack caused her being removed, she was directed to take it more freely. The urine had been rather high-coloured, and not very abundant; I have not noted the quantity. Pulse 83, soft, and full. No motion. Sago and half a glass of wine for supper.

℞ Fel. Bov. inspiss. gr. x. h. s. s.

19th.—Passed a good night. In all respects comfortable. No more gravel has been voided. Wound dressed; a little thick healthy pus where, owing, in part, to the puckering of the integuments which

ensues from their redundancy, the edges did not lie quite evenly together, also by the side of the ligatures, but in very small quantity. No tenderness at any part of the abdomen, not even in the left iliac region. In short, she is like a person quite well, one week from the operation.

10 P.M.—Pulse 80. More gravel was passed. No motion.

Enema aquæ tepid. To take the soda water freely.

20th. — A good night. Pulse 75. Bowels copiously moved: appetite good: urine plentiful, and much paler.

10 P.M.—Has had a comfortable day altogether, and slept in the evening. As she now eats rather heartily, it is desirable to keep the bowels free.

℞ Fel. Bov. inspiss. gr. x.; Aloes Barbad. gr. j.; Pulv. Cinnam. c. gr. iv. M. et. div. in pil. ij. h. s. s.

21st, 1 P.M.—A good night, and feels quite well. Pulse 80. One copious pultaceous motion. In excellent spirits, and can hardly be restrained from singing. Can lie on either side, and in any position, with perfect ease. Says she would undergo the operation again if it were necessary. Wound dressed. Chicken and bread-sauce for dinner.

Rept. Pil. ij. h. s.

22d, 23d, and 24th.—Proceeding well. Wound

dressed daily. It is a mere line; and the upper part of it, down to the umbilicus, chiefly healed.

Tr. Catechu applied.

25th.—Seems to have taken cold from a sudden and extreme change of weather. Pulse 90; and slightly feverish feelings.

℞ Extr. Colocynth. c. gr. v.; Hyoscyam. gr. iij. M. ft. pil. ij. h. s. s.

Next day she was better; and at night, the pills, which had operated mildly, were repeated. She also abstained from meat. A fire in the room, and a bottle of hot water to her feet, had been useful.

On the 27th was again quite comfortable, with a pulse at 80. The wound, though for the most part healed, required the partial application of Nitras Argent., as some redundant granulations had sprung up, and one side of the skin was a little too high and very sensitive, principally just below the umbilicus. The application produced an excellent effect in a few hours, particularly in reducing the sensitiveness, which was the chief cause of restraint upon her movements.

29th.—Walked across the room, leaning on the nurse's arm, and next day did so several times without support. From this time she has become more and more active and independent of assistance, getting

out and into bed, and sitting up great part of the day. Remarkably little discharge has proceeded from the ligatures, and they have been left to themselves very much, except being carefully guarded from accident. She usually takes an aperient pill at night, but not always. It would be useless to carry the report further; and it may perhaps seem to some readers that the details are given more fully than necessary. To the really practical inquirer, I trust, they will not prove wearisome; as they are designed to assist in illustrating a subject with which very few are at all acquainted by actual observation. Having, however, with this view prolonged the narrative so much, it is not my present design to occupy my readers with many remarks.

The tumour itself requires but little description. A single principal cyst; a moderate portion of solid matter in a highly vascular condition; the fallopian tube stretching away to its fimbriated end, at a distance of some fifteen inches from the division of the pedicle; and the subjoined dimensions, are all the particulars that need be noted:—When lying, its circumference measured horizontally 3 ft. $8\frac{1}{2}$ inches; vertically lengthwise 3 ft. 2 inches; and vertically across 2 ft. $10\frac{1}{2}$ inches. It weighed 28 lbs. imperial weight.

Notwithstanding the great size of this tumour, my incision, it will be observed, did not extend the whole length from scrobiculus cordis to pubes.

Having always thought it advisable to avoid a nearer approach to the region of the stomach than is absolutely necessary, both in this case and in each of my preceding operations full three inches and a half of the abdominal parietes immediately below the point of the ensiform cartilage, at that part where being least stretched they also contract least afterwards, have been left untouched. But for this approximation to the stomach, and other important parts in that vicinity, with proper attention to its management, the upper part of the wound subjects the patient to less inconvenience and after-danger than any other portion of the external section; and its being a little more or less extensive is of trifling moment. It is immediately closed upon itself by the assistant on the patient's right; is kept in that state by him during the remainder of the operation; and is only slightly, almost momentarily, re-opened to clear away coagula which may have formed about or within it, just before it is finally closed by stitching.

On the careful shutting of the wound, both during and after the operation, too much stress cannot possibly be laid: on it will assuredly depend the life of the patient in many instances. I have reason to think that, when the final closing of the wound is effectually accomplished, and the parts are left, and for a certain time are preserved, free from distension or dragging of any kind likely to disturb their apposition, the divided peritoneum unites perfectly, and

preserves its smooth surface unattached to the subjacent viscera, throughout the greater part if not the whole extent of wound made in these apparently formidable incisions; and I am confident that the early occurrence of peritoneal inflammation, after their infliction, is ascribable more to the neglect of duly perfecting apposition of the lips of the wound, than to all other ordinary causes put together.

Of the three cases of ovarian operation, which I have now placed before the profession, this one is perhaps the most interesting. It plainly demonstrates that, under proper precautions, the youthfulness of the patient need not deter the surgeon from attempting her cure; whilst the value of the relief afforded by the operation at such a period of life can hardly be over-estimated, when we consider the distressing annoyances to which the malady subjects a young unmarried woman in any station of life, more particularly one holding the position occupied by my patient.

Her recovery was in all respects more rapidly completed than that of either of my former patients.

With regard to the propriety of performing a formidable operation like this for such a disease, it may be briefly remarked that no means on which any reliance can be placed, except an operation, are, as far as I can learn, known to the most experienced *practical* physicians of the present day, any more than to

those of past ages: none, at least, which unequivocally cure or mitigate the disease when arrived at such a stage as to require an operation. A mistaken idea prevails in some minds that the disease does not tend to shorten life, as well as to destroy its comfort. I shall hereafter shew that this opinion is totally at variance with facts. Like many other erroneous opinions, it is repeated on authority by men whose position might easily enable them to ascertain that it is devoid of truth. Compilers are apt to follow such men. How should they do otherwise? They themselves, with few exceptions, are little engaged in the observation of disease, and cannot be expected to form opinions, except upon the report of others. The rising generation of practitioners derive their instruction principally from men of these two classes, who thus propagate error from age to age, mixed up, indeed, with so much useful information as gives additional influence to the mischief.

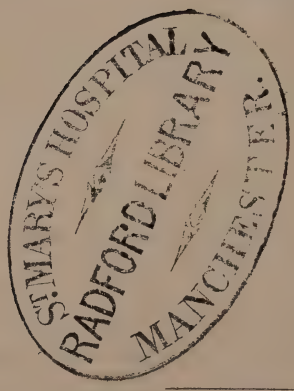
Equally faulty in fact and in tendency is the suggestion that the operation itself is necessarily one of easy performance, requiring little anatomical knowledge, or skilful surgical adroitness. It may, indeed, be truly said of *any* operation, that the amount of mere anatomical knowledge required for the mechanical part of the surgeon's act is not greater than a diligent student might acquire in a few months; and certainly not more truly of *this* operation, in which the separation of adhesions to the abdominal parietes and to the viscera themselves may be necessary:

but it is the possession of correct physiological, pathological, and therapeutical knowledge that enables a practitioner to cope with the real difficulties of operative surgery,—those which endanger his patient's life, or after-health and comfort. If to perform an operation so rapidly as to excite the astonishment of a large class of staring students, and for the sake of this worthless display to cause the greater mutilation of the patient, as in amputations, in order to avoid its consequences ;—if to disregard the preparation of the patient, so that dangerous symptoms must almost inevitably ensue; or so to mismanage the after-treatment that the patient's life is lost, when he might be otherwise cured ;—if to undertake without hesitation the performance of an important and hazardous operation in ignorance of those precautions which other men have shewn to be both necessary and effectual for the patient's preservation ;—if, in short, the dexterity of the mere anatomist be thus mistaken for perfection in the art of surgery; then, indeed, is it high time that such erroneous notions should be corrected, and that the profession should see the advantage of a different combination of qualifications for its *useful* exercise.

That the removal of dropsical ovaria by the large abdominal incision will become a legitimate operation in the hands of qualified surgeons, there can, I think, remain but little doubt on the minds of practical men who have looked into the subject: I know that many such already consider the operation as esta-

blished by the cases of Dr. Clay and myself. My own experience confirms me in my opinion of its humanity, usefulness, and practicability when properly conducted in well-selected cases; and that, so conducted, it will be the means of averting much suffering, and saving many valuable lives, I entertain not the slightest doubt. As a comparative novelty, however, it has to contend with unjust prejudice on the one hand; with ignorant rashness on the other. The former will gradually give way to conviction, or be reduced to silence; but the latter, in its reckless eagerness for distinction, may do much mischief by its unjustifiable proceedings, and so bring into undeserved obloquy what will otherwise be deemed a valuable improvement in surgery.

THE END.



Wilson and Ogilvy, 57, Skinner Street, Snowhill, London.